

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390081	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 01/18/2023
NAME OF PROVIDER OR SUPPLIER: CROZER-KEYSTONE SURGERY CENTER AT HAVERFORD (A DEPARTMENT OF			STREET ADDRESS, CITY, STATE, ZIP CODE: 2010 WEST CHESTER PIKE HAVERTOWN, PA 19083		
STATE LICENSE NUMBER: 10271500					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 0000	<p>INITIAL COMMENT</p> <p>This report is the result of an unannounced revisit survey conducted on January 18, 2023, following a State Licensure survey completed on September 21, 2022, at Crozer-Keystone Surgery Center at Haverford. It was determined that the facility was in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.</p>		S 0000		

(X6) DATE:



Certified End Page

**CROZER-KEYSTONE SURGERY CENTER AT HAVERFORD (A DEPARTMENT OF
STATE LICENSE NUMBER: 10271500
SURVEY EXIT DATE: 01/18/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in cursive script that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in cursive script that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY